## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V00346

City-St-Zip:

BENSALEM, PA 19020

me: FASHION BLIG #2540 INC

FILED May 08, 2007 Secretary of State

Entity Nai	me: FASHION	BUG #2540, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
9610 US H PORT RIC	IWY 19 N :HEY, FL 3466	8 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3750 STA <sup>-</sup> BSC TAX I BENSALE		US			
FEI Number:	: 52-1763280	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
The above	SSEE, FL 3230 named entity set of Florida.		urpose of changing its registered	l office or registered agent, or both,	
OIOIVATOI		ic Signature of Registered Age	nt	 Date	
Election Car	mpaign Financing	3(2)(b), F.S., the corporation did no	·		
OFFICER	S AND DIREC	IORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () SPECTER, ERIO 450 WINKS LAN BENSALEM, PA	1E	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DVP () SULLIVAN, JOH 450 WINKS LAN BENSALEM, PA	1E	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	DVP () GLUECK, NEAL		Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: NEAL GLUECK DVP 05/08/2007